

WRITTEN TESTIMONY

Written Testimony in opposition to House Bill 5326:
“An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients”
from Kenneth A. Litwin, M.D., (Internal Medicine), Danbury.

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Senator Gerratana, Representative Johnson and members of the Public Health Committee, I wish to provide written testimony concerning HB 5326, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients. I have been practicing Primary Care/General Internal Medicine in the State of Connecticut for fifteen years. I have provided care for many wonderful patients over the years, some of whom died from terminal diseases such as cancer, advanced heart failure, and Alzheimer's disease.

I routinely discuss end-of-life issues with patients, including difficult topics like when to discontinue aggressive treatment for cancer and make the transition to palliative care through Hospice Medicine. As, you might imagine, this is not an easy conversation to have, but a necessary one. Patients truly appreciate an honest and frank discussion about what they can expect to occur as their eventual death approaches. Usually, what patients most desire is to be sure that they will not be in pain, nor suffer from thirst, hunger, or shortness of breath. They also want to be assured that they will not be alone during the dying process. In addition, patients generally find it very important to avoid being a burden to their loved ones.

During all these conversations, I have never been asked even once by a patient to provide medication to that is intended to cause his or her death. The reason for this is that the services provided by the incredibly skilled and compassionate Hospice nurses and other Palliative Care providers almost always meet all the needs and wishes of the patient. When Hospice services are utilized effectively, they are initiated early in the final stages of disease, so that adequate planning can be done. Most patients wish to remain at home until their death, but some request to be in a dedicated Hospice Facility. Necessary items such as supplemental oxygen and medications are delivered to the patient's home, and appropriate complementary providers are assigned to be involved in care. These may include home health aides, social workers, chaplains, physical therapists, music therapists, massage therapists, and others. The family and friends of the patient who are involved also receive intensive counseling on what to expect, and what is expected of them with regard to providing care for their loved one. One thing that the patient need not fear is that they will be alone (unless of course they truly desire this).

Because of the comprehensive services that a dying patient receives through Hospice and Palliative Care, I do not believe that there is any place for Physician Assisted Suicide (PAS) in Society or more specifically, in Connecticut. It is not only unnecessary, but also fails in achieving the goals of having quality end-of life care. The sponsors of this bill purport to strive for “Death with Dignity,” but I do not feel that PAS fulfills this goal in any way. PAS does not meet the needs of dying patients or their family members the way that comprehensive Hospice Care does.

As a physician, I simply do not understand why another physician would participate in Physician Assisted Suicide. There is a good reason why the American Medical Association and the Connecticut State Medical Society are strongly against Physician Assisted Suicide. It goes against everything that physicians stand for and have pledged to do for our patients. It is directly in contradiction of the Hippocratic Oath, which all physicians take upon graduating medical school, to “give... deadly medicine to any one if asked, nor suggest any such counsel...”

I fear that if this bill were to become law, people at their most vulnerable state could be taken advantage of, despite provisions in the proposed bill intended to prevent anyone who would benefit from a patient's death from being involved in the decision to pursue Physician-Assisted Suicide.

With the Hospice and Palliative care resources that are available to patients in Connecticut, there is simply no need for this bill, and there is considerable harm that could arise if the bill is passed.

I strongly urge you to oppose this legislation.